



## Inventory Listing Sheet

### To Report Contents of Safe Deposit Boxes

Name of Holder \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_, MT

Safe deposit box or safekeeping number: \_\_\_\_\_  
(Holders identifying number)

Social Security Number \_\_\_\_\_

Name and address of record owner(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date rental expired \_\_\_\_\_ Rental and opening charges \$ \_\_\_\_\_

Item Number	Description of Abandoned Property

Verified by (Officers of holder authorized to sign reports) \_\_\_\_\_ Total bank charges \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_